Meaningful Use Testing Registration Form

The survey should take less than 10 minutes to complete. Please answer all questions and fill out completely.

Incomplete surveys will not be processed until all the information has been submitted.

If you have questions regarding this matter, please contact Michelle Hood at michelle.hood@nebraska.gov or 402-471-3727.

1. List your practice name here:

[ ]

2. Organization Type:

○ Eligible Provider
○ Eligible Hospital
○ Critical Access Hospital
○ EHR Vendor
○ Other (please specify)

3. Site Information:

Site name: [   ]

Street Address: [   ]

City: [   ]

State: [   ]

Zip Code: [   ]

County: [   ]

Phone: [   ]

4. Primary EP(Eligible Professional) or EH(Eligible Hospital) Contact:

Name: [   ]

Title: [   ]

Phone: [   ]

Fax: [   ]

Email address: [   ]

5. Alternate EP(Eligible Professional) or EH(Eligible Hospital)Contact:

Name: [   ]

Title: [   ]

Phone: [   ]

Fax: [   ]

Email address: [   ]

6. Are you submitting for multiple provider sites and/or hospital sites?

○ Yes

○ No

Note:

a). select Yes if you are registering multiple provider sites with either multiple or individual providers (EP's) listed under each site (sites must be connected to the same EHR Server/Database location)

b). select Yes if you are registering for multiple Eligible Hospital (EH) Sites (all sites must be connected to the same EHR Server/Database location).

7. List health system or other provider organization that all of the sites are affiliated with:

8. Are you submitting information for one provider site with multiple doctors?

○ Yes

○ No

Note:

select Yes if you are registering multiple providers (EP's) under a single site.

9. Name of Individual EP(Eligible Professional) or Hospital applying for attestation:

10. Please indicate the public health meaningful use objective(s) for which you are pursuing testing:

☐ Immunization Data

☐ Reportable Laboratory Results

☐ Syndromic Surveillance

11. Please indicate which stage of meaningful use you are pursuing:

○ Stage 1

○ Stage

12. NPI# of Individual EP(Eligible Professional) or Hospital NPI# (this is a 10 digit number)

[   ]

13. Group NPI# (for those using the Group NPI to apply for MU):

[   ]

14. Do you have Meaningful Use reporting period dates established?

○ Yes

○ No

NOTE:

You CAN test any time before the end date of your attestation reporting period.

You CANNOT test after your attestation reporting period has ended.

15. Please enter Beginning and Ending date range;

	MM	DD	YYYY
Beginning date:	[ ]	/ [ ]	/ [ ]
Ending date:	[ ]	/ [ ]	/ [ ]

17. EHR product and version:

[   ]

18. ONC Certified EHR Number:

[   ]

NOTE:

If you don't know your ONC# (The Office of the National Coordinator for Health Information Technology – Certified Health IT Product List), please go to:http://oncchpl.force.com/ehrcert?q=CHPL

19. What version of HL7 is the EHR using?

- ○ 2.3.1
- ○ 2.5.1
- ○ Both

20. Technical (IT) Contact Person

Name: [   ]

Title: [   ]

Phone [   ]

Ext: [   ]

Email address: [   ]

21. Where the NDHHS Meaningful Use Confirmation Will be Sent:

Name: [   ]

Title: [   ]

Mailing Address: [   ]

City: [   ]

State: [   ]

Zip Code: [   ]

Email address: [   ]

Please verify the information you entered before submitting.